



CORNWALL COUNTY COUNCIL.

REPORT

OF THE

Medical Officer of Health,

FOR THE YEAR 1921.

BY

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REPORT FOR THE YEAR 1921.

Survey Reports and Ordinary Reports.

The Minister of Health will in future only require an Annual Report of a full and detailed character (Survey Report) at intervals of not more than 5 years. In other years the Annual Report should be of a more simple character (Ordinary Report), omitting details as to conditions which do not vary from year to year.

A summary of the Reports of the Medical Officers of Health of all County Districts is not now required.

This Report is an Ordinary Report.

HOUSING.

Very little has been done to increase the supply of houses for the working classes. Particulars of all houses under the Government scheme were given in the last Report. Under that scheme there were 715 houses completed, or under erection, 219 in the urban and 496 in the rural districts. St. Austell R.D. built 316 under the scheme.

The cost of houses has diminished very considerably, but it is still impossible to build houses for the working classes at an economic rent.

In many places there are no empty houses, and people in need of houses are unable to obtain them. The housing question remains unsolved, although it is much less acute in this County than in many parts of the country.

ISOLATION HOSPITALS.

There is no change. It seems improbable that sanitary authorities will make sufficient provision for isolation apart from legislative enactments making such provision compulsory.

WATER SUPPLY.

The general sanitary arrangements often depend on the sufficiency of the water supply, and some of the Rural District Councils are taking action. Where the supply of water is limited a proper sewerage system is impossible.

SEWERAGE.

In large towns there is usually a sufficient water supply and a water carriage system of sewerage. In sparsely populated rural districts the water supply is usually from a well, and a water carriage system of sewerage is impossible, except at a very large expense; even for the smaller villages the cost is likely to be excessive. There are in Cornwall very many villages of such a size that the question of a sufficient water supply and the water carriage system of sewerage should be considered. No system of disposing of excreta can be considered really satisfactory except the water carriage system. Other systems have to be tolerated merely owing to the expense of making more satisfactory arrangements.

POLLUTION OF STREAMS.

There are no rivers of any size in Cornwall, and streams are not used as a source of supply of drinking water after contamination with sewage. Pollution of tidal rivers takes place, as it seems to be quite common to discharge untreated sewage into tidal rivers.

No action has been taken by the County Council during the year. Action has been taken by the Truro City Council in respect of the silting up of the River Fal with the material discharged from certain clay works.

TUBERCULOSIS.

County Tuberculosis Officer, C. Roper, M.D., Camb., D.P.H.

Assistant Tuberculosis Officer, W. F. L. Day, M.B., B.Ch., Camb.

Resident Medical Officer at Tehidy, F. Chown, M.B., Lond., D.P.H.

Notifications.	Pulmonary.	Non-pulmonary.	Totals.
Urban	154	36	190
Rural	286	40	326
	—	—	—
	440	76	516

In view of the small number of notifications in the County a record has been kept of the cases examined by the Tuberculosis Officers, and the diagnosis made. In each case the opinion of the Tuberculosis Officers is forwarded to the general practitioner by whom the case was seen. It was found, however, that during 1921 no less than 110 cases considered by the Tuberculosis Officers to be definite cases of Tuberculosis were never notified by the practitioners concerned. It is the custom in such cases for the Tuberculosis Officer to inform the general practitioner of his opinion, leaving the practitioner to notify the case if he accepts the diagnosis.

Deaths from Tuberculosis.

During the year there were 401 deaths from Tuberculosis.

	Males.	Females.	Total.
Tuberculosis of Respiratory System ...	145	144	289
Other tuberculous diseases ...	48	64	112
	—	—	—
	193	208	401

The following are the deaths from Tuberculosis for the previous years:—

1911 ... 544	1917 ... 436
1912 ... 508	1918 ... 518
1913 ... 507	1919 ... 431
1914 ... 504	1920 ... 382
1915 ... 485	1921 ... 401
1916 ... 534	

The death-rate was 1.27 per 1,000 of the population. Last year the rate was 1.19. It is important to note that most of these deaths take place between the ages of 15 and 45 years. The deaths of females exceeded those of males during the year, and this was unusual, as male deaths in the past have been greater than those of females, owing to miners' phthisis. There were 64 deaths of females from other tuberculous diseases, compared with 48 for males.

The districts with the largest number of deaths were :—

Camborne U.

	Males.	Females.	Total.
Tuberculosis of Respiratory System	... 15	... 8	23
Other Tuberculous diseases	... 6	... 5	11
			— 34

Redruth R.

Tuberculosis of Respiratory System	... 25	... 8	33
Other Tuberculous diseases	... 2	... 4	6
			— 39

St. Austell R.

Tuberculosis of Respiratory System	... 9	... 17	26
Other Tuberculous diseases	... 1	... 8	9
			— 35

The higher number of male deaths in Camborne and Redruth was due to Miners' Phthisis. There was an unusual number of deaths of females from Pulmonary Tuberculosis in the St. Austell R.D. Dr. Andrew, the Medical Officer of Health, reports that of the 35 persons who died from Tuberculosis, only 26 had been notified as suffering from Tuberculosis. 14 of these deaths of females were between the ages of 20 and 35 years.

County Scheme.

There are Dispensaries at Penzance, Tuckingmill, Truro, and St. Austell. There is a Sanatorium at Tehidy, where male and female patients receive residential treatment.

Any medical practitioner in the County may obtain a report from one of the Tuberculosis Officers on any patient suffering, or suspected to be suffering, from Tuberculosis. As far as possible such patients are asked to attend by appointment at the nearest Dispensary ; if this is impracticable the Tuberculosis Officer makes an appointment to examine the patient elsewhere, generally in the patient's home, or in the medical practitioner's consulting room.

Patients Requiring Treatment.

(1) Suitable cases are offered residential treatment at Tehidy.

(2) If not suitable for Tehidy, patients should be treated at home, possibly with the use of a shelter, under the direction of the medical practitioner.

(3) Apart from examination, some cases receive treatment at the Dispensaries. As far as possible such treatment should be confined to special treatment, such as tuberculin treatment, which can only be given to the best advantage by one who has had special experience. Expert advice can always be received at the Dispensaries, but as far as possible it is not advisable to provide prolonged treatment by ordinary drugs and cod liver oil. Such treatment can well be provided by the general practitioners.

Dispensaries.

The following is a record of the work at the Dispensaries :—

Penzance.

			New Cases.	Re-examinations, etc.	Nurse's Visits	
1915	...	...	65	...	387	—
1916	...	...	86	...	352	—
1917	...	...	95	...	533	54
1918	...	...	110	...	669	1797
1919	...	...	80	...	638	948
1920	...	...	114	...	562	944
1921	...	...	104	...	574	1019

Tuckingmill.

1915	...	...	175	...	903	—
1916	...	...	156	...	1132	803
1917	...	...	231	...	1488	516
1918	...	...	215	...	1289	491
1919	...	...	133	...	861	637
1920	...	...	136	...	715	572
1921	...	...	101	...	514	699

St. Austell.

1915	...	...	81	...	577	...	—
1916	...	...	102	...	810	...	892
1917	...	...	101	...	682	...	908
1918	...	...	91	...	530	...	1072
1919	...	...	112	...	486	...	764
1920	...	...	63	...	433	...	874
1921	...	...	98	...	414	...	781

Truro.

1919	...	...	10	...	—	...	—
1920	...	...	76	...	407	...	741
1921	...	...	55	...	387	...	949

Totals for all Dispensaries.

1915	...	...	321	...	1867	...	—
1916	...	...	344	...	2294	...	1695
1917	...	...	427	...	2703	...	1478
1918	...	...	416	...	2488	...	3360
1919	...	...	335	...	2038	...	2495
1920	...	...	389	...	2137	...	3131
1921	...	...	358	...	1889	...	3448

Discharged Sailors and Soldiers Suffering from Tuberculosis.

At end of Year.	Number on Register.	Number reported		
		to Pensions Committee.	Number dead.	
1917	...	219	...	173
1918	...	379	...	364
1919	...	525	...	505
1920	...	697	...	672
1921	...	878	...	—
1921	...	878	...	795
1922	...	944	...	All dealt with
(3rd Quar.)				139

SANATORIUM TREATMENT.

During the year 1921 male patients only were treated at Tehidy, the female patients being sent to Didworthy and elsewhere. The following table shows the number of patients receiving Sanatorium treatment during the year:—

	MALES		FEMALES (from 1st May, 1921 only)			
	Tehidy.	Preston Hall.	Didworthy.	Ventnor.	St. Barnabas.	Grosvenor.
No. of patients in Sanatorium on 1st January, 1921.	17	—	5	1	1	—
No. admitted during 1921.	123	6	13	2	2	1
No. discharged during 1921.	117	2	11	3	—	—
Total No. of patient days in 1921.	13158	488	1641	321	463	106
No. in the Institution on 31st December, 1921.	23	4	7	—	3	1

The female beds were taken over by the County on 1st May, 1921, when the work was transferred from the National Insurance Committee to the County Council. The beds at Preston Hall are for ex-Service men who are undergoing training, and the entire cost is borne by the Ministry of Pensions.

In 1922 arrangements were made for taking all patients, male and female, at Tehidy, 64 beds being available and approved by the Ministry, 44 for male and 20 for female patients. Ex-Service men are still sent to Preston Hall for training.

In counting the number of patient days the days of admission and discharge are counted as one day.

It is too soon to give tables showing the result of the treatment at Tehidy, but there is no reason why the best results should not be obtained. Up to the present many patients have been ex-Service men suffering from well-marked Tuberculosis, so that in many cases cure is impossible. In such cases the effect of treatment is generally to arrest or retard the progress of the disease, and to train the patient so that the danger of infecting other persons in the home is diminished.

Selection of Patients and Duration of Treatment in Residential Institutions.

Adults suffering from Pulmonary Tuberculosis may be grouped as follows :—

- (1) Those in whom there is a reasonable prospect of securing complete arrest of the disease as a result of residential treatment ;
- (2) Those with extensive or rapidly progressing disease, in whom no material improvement of the condition can be expected, and who, for the remainder of their lives, are likely to need medical supervision and such nursing and palliative treatment as are afforded in a residential institution ;
- (3) The large intermediate group of cases which do not fall within either of the first two groups.

Patients in the first group usually require prolonged treatment in a residential institution, often 6 months or more. As regards patients in the second group, preference should be given to highly infective cases, and to patients living in homes where there are children.

In the third group the duration of the treatment should be limited to that necessary to restore general health and working capacity as far as possible, and to teach them how to avoid spreading the disease to others. A few weeks may suffice for these patients. In certain cases patients may be asked to contribute towards their maintenance in the Sanatorium.

Milk for Patients Receiving Domiciliary Treatment.

Milk is provided free in the following cases, according to a scale of necessity :—

- (1) Patients who have received an adequate course of Sanatorium treatment, and whose medical condition is such that, with the grant of extra nourishment, they may be expected to maintain or recover full working capacity ;
- (2) Patients in whose cases ultimate arrest of the disease may reasonably be expected, and who are waiting for admission to a Sanatorium.

VENEREAL DISEASES.

There are 2 Treatment Centres available for Cornish patients, i.e., special arrangements are made at these treatment centres. As a matter of fact, all treatment centres in the country are open to all comers free of charge.

The following is a summary of the work done at the 2 treatment centres:—

(1) TREATMENT CENTRE AT THE SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.				(2) TREATMENT CENTRE AT TUCKINGMILL.		
Patients for Cornwall only						
	1919 (From 8. 3. 19.)	1920	1921	1919 (from May)	1920	1921
No. of persons dealt with at the out-patient Dept. for the first time and found to be suffering from:—						
Syphilis	28	55	43	29	54	23
Soft Chancre	3	—	—	4	—	—
Gonorrhœa	17	20	26	23	37	18
Conditions other than Venereal	16	18	18	2	3	11
Total	64	93	87	58	94	52
Total No. of attendances at the out-patient dept.	308	808	975	208	554	363
Aggregate No. of in-patient days	310	1059	1162	1	—	—
No. of doses of Salvarsan substitutes given in the						
Out-patient Dept.	58	234	158	71	302	180
In-patient ,,	41	71	58	—	—	—
Examination of pathological material at the Treatment Centre or sent to an approved laboratory for the detection of						
Spirochetes	5	1	5	12	1	—
Gonococci	20	32	35	26	30	11
Other Organisms	—	—	—	—	—	—
For Wassermann reaction	49	117	114	44	89	64

Summary for the County Treatment Centres.

	1919.	1920.	1921.
New cases	122 ...	187 ...
Total attendances at Out-patient Departments	516 ...	1362 ...
Specimens examined	156 ...	270 ...

Examination of Specimens sent by medical practitioners in the County.

Outfits for the collection of material for examination are supplied on application. The material is sent to Dr. Wordley, the pathologist at the South Devon and East Cornwall Hospital, Plymouth, who reports direct to the medical practitioner sending the specimen.

1918. 1919. 1920. 1921.

No. of medical practitioners who applied for outfits	... ... ...	14	22	24	20
Outfits supplied	... ... ...	58	144	175	134
Specimens examined for Spirochetes		3	8	7	—
Do. Do. Gonococci	... ...	5	8.	28	11
Do. Do. other organisms		—	—	—	—
Do. Do. Wassermann Reaction	50	120	114	153	

Free Supply of Salvarsan Substitutes.

Salvarsan substitutes are supplied free to medical practitioners in the County who have produced evidence of experience in their use. 53 are now on the County list for a free supply, but only a small number ever apply for a free supply.

The following table shows the action taken:—

	1919.	1920.	1921.
Number of medical men who applied for a free supply of Salvarsan substitutes	... 11	13	11
Doses of Salvarsan substitutes supplied	... 311	387	401

Results of Treatment.

	TUCKINGMILL.				PLYMOUTH.				TOTALS.	
	Syphilis.		Gonorrhœa.		Syphilis.		Gonorrhœa.			
	M.	F.	M.	F.	M.	F.	M.	F.		
(1) No. of persons who ceased to attend the out-patient clinic :—										
(a) before completing the first course of treatment for	15	4	27	—	3	1	4	—	54	
(b) after one or more courses but before completion of treatment for	15	6	—	—	9	5	—	—	35	
(c) after completion of treatment but before final tests of cure of	2	6	4	3	1	2	2	—	20	
(2) No. of persons transferred to other treatment centres after treatment for	1	1	1	1	16	6	6	1	33	
(3) No. of persons discharged from the out-patient clinic after completion of treatment and observation for	2	—	—	—	11	3	10	2	28	
Totals.	35	17	32	4	40	17	22	3	170	

Although so many patients cease treatment before the treatment is completed, it must be remembered that, especially in syphilis, the danger of infection to others is enormously diminished.

In-Patient Treatment.

During the year there were 1,162 in-patient days, made up as follows :—

		Total in-patient days.	Average days. Approx.
11 male patients suffering from Syphilis		365	33
13 „ „ „ Gonorrhœa		439	33
6 female „ „ „ Syphilis		193	31
3 „ „ „ Gonorrhœa		144	48
1 male „ „ „ not venereal disease		21	21
34		1162	34

LEGISLATION IN 1921.

The Public Health (Tuberculosis) Act, 1921.

Power is given to the Minister of Health, where the Council fail to make adequate arrangements for the treatment of Tuberculosis at or in Dispensaries, Sanatoria, and other institutions approved by the Minister, to make such arrangements as he may think necessary for the purpose of such treatment.

The Housing Act, 1921.

The Public Health (Officers) Act, 1921.

A whole-time medical officer of health shall not be appointed for a limited period only, and shall be removable by the Authority with the consent of the Minister of Health, or by the Minister, but not otherwise.

There is a similar sub-section concerning the appointment of whole-time sanitary officers.

The National Health Insurance Act, 1921.

Amending the financial provisions.

Water Undertakings (Modification of Charges) Act, 1921.

Making provision for modifying the charges which may be made in respect of water undertakings.

Education Act, 1921.

Consolidating the enactments relating to education and the employment of children and young persons.

MINISTRY OF HEALTH ORDERS.

The Local Authorities, Milk (Mothers and Children) Rescission Order, 1921. 14th March, 1921.

The Local Authorities (Milk Order), 1921. 24th March, 1921

The Sanitary Officers (Tenure of Office) Order. 12th April, 1921.

Food Control. An Order dated 24th June, 1921, amending the Milk (England and Wales) Order, 1921.

Sale of Food Order, 1921. 16th August, 1921.

Local Authorities (Food) Order, 1921. 16th August, 1921.

The Tuberculosis (Seamen's Advisory Committee) Order, 1921. 30th September, 1921.

MINISTRY OF HEALTH REGULATIONS.

Housing. 12th March, 21st July, and 17th December, 1921.

Town Planning. 29th March, 1921.

Public Health (Tuberculosis) Regulations, 1921. April, 1921.

National Health Insurance (Medical Benefit) Amendment Regulations, 13th April, 1921.

Tuberculosis.

In accordance with the provisions of Section 4 of the National Health Insurance Act, 1920, sanatorium benefit terminated on the 30th April, 1921. On and after 1st May, 1921, therefore, Insurance Committees no longer had the duty of providing treatment for insured persons suffering from Tuberculosis, except in so far as medical treatment and attendance are provided as part of medical benefit under section 8 (1) (a) of the National Insurance Act, 1911, as interpreted by section 4 (3) of the National Health Insurance Act, 1920, and the contributions payable by insured persons and their employers will not include any payment towards the cost of the institutional treatment of insured persons suffering from Tuberculosis. It therefore rests with the County Council to provide institutional treatment for such persons as well as for other members of the community.

STATISTICS.

(See Tables I - IV at the end of the Report).

Area. Rural, 809,790 acres; Urban, 58,377 acres. Total, 868,167 acres.

Population. Rural, 175,812; Urban, 137,799. Total, 313,611. These figures are supplied by the Registrar-General, and are used in this Report.

According to the provisional figures of the 1921 Census, the population in 1921 (including Scilly Isles, 1,749) was 320,559, a decrease of 7,539 from the Census of 1911.

Census 1891	...	...	320,886
„ 1901	...	...	322,334, an increase of 1,448
„ 1911	...	...	328,098, an increase of 5,764
„ 1921	...	...	320,559, a decrease of 7,539
			(provisional).

Births. . . Rural, 3,543; Urban, 2,595. Total, 6,138. Rates per thousand of the population, Rural, 19.57; Urban, 18.83. Total, 19.57.

Year.	Births.	Birth-rate.
1914	6,433	19.51
1919	4,859	15.25
1920	6,991	21.93
1921	6,138	19.57

The birth-rate for 1921 was about that of 1914. The effect of the war has been that during the years 1914-21 there were about 6,000 less children born.

Deaths. Rural, 2,233; Urban, 1,893. Total, 4,126. Rates per thousand of the population: Rural, 12.84; Urban, 13.76. Total, 13.24. The death-rate in 1920 was 13.15, but until the rates are standardised again the rates are not correct.

Natural Increase. The excess of births over deaths was 2,012.

Year.	Natural Increase.	Natural Decrease.
1914	1,851	—
1918	—	372
1919	222	—
1920	2,798	—
1921	2,012	—

The above figures do not include a decrease due to emigration. In spite of the fact that in all years except 1918 there has been a natural increase, the Census of 1921 shows that there was an actual decrease in the population of the County, due to the war and emigration.

Infant Mortality. There were 245 deaths of children under one year of age in the rural districts, and 203 in the urban districts, a total of 448 for the County. This gives a death-rate per 1,000 children born of 72.97. This is the lowest rate recorded for Cornwall, with the exception of that for last year, which was 59.50, an unusually low rate.

Year.	Infant Deaths.	Infant Mortality Rate.
1914	511	79.43
1915	534	91.21
1918	347	74.40
1919	385	79.23
1920	416	59.50
1921	448	72.97

Further particulars will be given in the Section on Maternity and Child Welfare.

Deaths of Children between the ages of 1 and 5 years. There were 140 deaths between these ages, chiefly from respiratory diseases. See Section on Maternity and Child Welfare.

Comparison with the rates for England and Wales, 1921.

	Birth-rate.	Death-rate.	Infant Mortality.
Cornwall	19.96	13.2	72.9
England & Wales	22.4	12.1	83.00

(uncorrected)

Chief Causes of Death.

Organic heart disease,	559	Approximately 1 in every 7 deaths.
Cancer	515	1 8
Respiratory diseases	487	1 8½
Tuberculosis	401	1 10

There were 200 male deaths and 315 female deaths from cancer.

INFECTIOUS DISEASES.

Enteric Fever. 31 cases were notified, and there were 4 deaths, a death-rate of 0.01 per 1,000 of the population.

Year.	Notifications.	Deaths.	Death-rate.
1919	... 30	... 7	... 0.02
1920	... 19	... 5	... 0.01
1921	... 31	... 4	... 0.01

Diphtheria. 581 cases were notified, 379 from the urban and 202 from the rural districts. Last year there were 866 cases notified. The rate in 1921 was 1.85, and in 1920 it was 2.72.

There were 29 deaths, 9 between the ages of 1 and 5 years, and 20 between the ages of 5 and 15 years. The death-rate per 1,000 of the population was 0.09.

St. Ives had 162 cases, Redruth Rural 53, Truro Rural 40, Penzance B. 33, Redruth Urban 31, Truro City 29, and Camborne Urban 26. Four urban districts and one rural district had no cases.

There is insufficient Isolation Hospital accommodation in the County, and if it were certain that most cases arise from notified cases it would be a powerful argument in favour of erecting isolation hospitals. It is very doubtful whether more cases do not actually arise from mild unnotified cases. It would be interesting to compare the results with similar counties where there is sufficient isolation hospital accommodation.

Diphtheria is the most fatal disease to which young children are liable. It has little or no connection with insanitary conditions, as districts with the most insanitary conditions may remain free from the disease for many years at a time. Other districts with good sanitary arrangements may have large epidemics. The disease is spread by "carriers" and unrecognised mild cases.

During the year attention has been called to the possibility of testing the susceptibility of persons to Diphtheria. By means of the Schick test it is now possible to ascertain whether any particular child is susceptible or immune to Diphtheria. It is

also possible by suitable injections to treat the susceptible and render them immune against the disease, certainly for some years, and probably for many years. This treatment is being tried on a large scale in America, but has only been tried in a few institutions in this country. When the treatment becomes more available it will be possible for parents, if they wish, to guard their children against Diphtheria.

Small Pox. There were no cases in the County.

Tuberculosis. 440 cases of Pulmonary Tuberculosis were notified, and 76 other cases, a total of 516. This is a notification rate of 1.6 per 1,000 of the population.

The deaths from Tuberculosis were :—

		Males.	Females.	Total.
Pulmonary Tuberculosis	...	145	144	289
Other Tuberculous Diseases	...	48	64	112
		—	—	—
		193	208	401

The death-rate for the County is 1.27 per 1,000.

Year.	Deaths.	Year.	Deaths.	Death-rate.
1911	544	1919	431	1.42
1915	485	1920	382	1.19
1916	534	1921	401	1.27

In Cornwall, as in England and Wales, the death-rate has been falling steadily, except during and after the war. The fall is now continuing, and the present number of deaths is about 100 less than in 1914.

In England and Wales the death-rate per million was :—

Year.	Death-rate.
1847	3189
1877	2184
1907	1125
1913	961
1918	1522
1920	842

Particulars of the County Scheme will be found under the Section "Tuberculosis."

Scarlet Fever. There were 249 notifications. Only 1 death was recorded. There were 58 cases in St. Austell Rural District and 24 in St. Austell Urban District.

The death-rate was 0.003; last year it was 0.006.

Cerebro-spinal Fever. 3 cases. Last year there were 4.

Poliomyelitis. 24 cases, with 4 deaths. 17 of these were in the rural districts of Launceston and St Germans, and the Borough of Saltash. 14 of them occurred during September and October. No connection was traced between these cases, but there must have been some common source of infection, such as carriers. Last year 3 cases were notified.

Encephalitis Lethargica. 3 cases with 2 deaths. Last year there were 6 cases and 4 deaths.

Polio-encephalitis. 3 cases with 1 death.

Ophthalmia Neonatorum. 13 cases in urban and 7 in rural districts, a total of 20. Last year there were 35, and in 1919 there were 28 notifications. The rate per 1,000 births in 1921 was 3.2.

Puerperal Fever. 6 cases were notified. There were 3 deaths. This gives an attack-rate of 0.97, and a death-rate of 0.49 per 1,000 births. Last year 13 cases were notified, with 8 deaths.

Erysipelas. 65 cases were notified, as compared with 75 for last year.

Measles. There were 18 deaths recorded, giving a death-rate of 0.057. Last year there were 11 deaths.

Influenza. There were 32 deaths, as against 52 last year. The death-rate was 0.10

Whooping Cough. There were 13 deaths, with a death-rate of 0.04. Last year there were 32 deaths.

Malaria. 9 cases were notified, as against 47 last year. In 1919 there were 74 cases.

Dysentery. One case only was notified. Last year there were 10 cases.

Pneumonia. 87 cases were notified, as against 141 last year. The notifications are only of Primary Pneumonia and Pneumonia with Influenza.

There were 156 deaths from all forms of Pneumonia, a death-rate of 0.49.

Comparative Table, giving death-rates per 1,000 for the year 1921.

	Cornwall.	England & Wales.
All causes	... 11.08	... 12.1
Enteric Fever	... 0.01	... 0.02
Measles	... 0.05	... 0.06
Scarlet Fever	... 0.003	... 0.03
Whooping Cough	... 0.04	... 0.12
Diphtheria	... 0.09	... 0.12
Influenza	... 0.10	... 0.23
Violence	... 0.39	... 0.44

Rate per 1,000 births.

Diarrhoea under 2 years	9.2	... 15.5
Total deaths under 1 year	72.97	... 83.0

MATERNITY AND CHILD WELFARE.

The following is the Report of the Inspector of Midwives for the year 1921:—

The total number of Midwives on the County Roll available for work at the end of the year 1921 was 160, viz.:

Trained	... 148	Bona-fide	... 12
---------	---------	-----------	--------

An increase of 5 trained and a decrease of 2 untrained on the previous year. They may be classified as follows:—

1. Trained Midwives working under Associations—

(a) Under C.C.N.A. ...	... 113
(b) Under Independent Associations	... 7

2. Trained Midwives working on their own account (including those taking cases in emergency)	28
3. Bona-fide Midwives (untrained, holding certificate in virtue of practice) ...	12
Total Trained and Untrained ...	160

The Trained Midwives are of four classes, i.e. :—

(a) Midwifery training only (6 months) ...	18
(b) Holt Ockly System (less than one year's training in general and midwifery) ...	5
(c) Village Nurse Midwives (one year's training in general and midwifery) ...	99
(d) Three years' hospital training and midwifery	26
Total	148

The number of Midwives who notified their intention to practise during the year was 189. Trained, 175; Untrained, 14. Of these 175 Trained Midwives, 23 were engaged to fill the vacancies of those who resigned, 3 were engaged temporarily for holiday work, and one died, leaving 148 available for work.

Of the 14 Bona-fides, 1 resigned on account of ill-health and 1 left the County. 2 take monthly cases only with medical practitioners.

The 23 Midwives resigned for the following reasons :—

To be married	9
For better appointments	7
For home duties	3
For further training	1
On account of ill-health ...	3
	—
	23

The number of cases attended during the year shows a decrease of 466 on those attended in 1920, both by trained and untrained midwives.

	1920.	1921.	Decrease.
Cases attended by Trained Midwives ...	4,033	3,667	366
Cases attended by untrained Midwives	316	216	100

During the year 656 inspections were paid to midwives, and 33 special visits of enquiry, an average of 4 inspections to each midwife.

Table showing number of cases attended by midwives in the different groups.

1. Cases attended by midwives working under C.C.N.A. (a) as midwife, 1,694; (b) as nurse, 1,323	...	...	...	3,017
2. Cases attended by midwives working under Independent Association (a) as midwife, 63; (b) as nurse, 42	...			105
3. Cases attended by midwives on own account (a) as midwife, 308; (b) as nurse, 237...				545
4. Cases attended by bona-fide midwives (a) as midwife, 110; (b) as nurse, 106	...			216
				—
Total	...	...		3,883

Emergency Nurses. Thirteen cases of Ophthalmia Neonatorum have been visited and treatment carried out. 12 cases made a good recovery, but one has resulted in injury to the left eye.

One case of "Puerperal Septicæmia" and two cases of "Sapræmia" were nursed.

They also attended 46 maternity cases.

Summary of Work done by all Midwives and records received during 1921.

		Trained.	Bona-fide.	Total.
Number of cases attended	...	3,667	216	3,883
(a) As midwife	...	2,065	110	2,175
(b) as nurse	...	1,602	106	1,708
No. of times medical help sent for		395	5	400
(a) for mother	...	327	5	332
(b) for child	...	68	0	68
Number of Stillbirths	...	143	5	148
(a) as midwife	...	42	3	45
(b) as nurse	...	101	2	103
Number of deaths of Mother	...	10	3	13
(a) as midwife	...	1	0	1
(b) as nurse	...	9	3	12
Number of deaths of Child	...	84	1	85
(a) as midwife	...	22	0	22
(b) as nurse	...	62	1	63
No. of deaths before Dr.'s arrival	...	10	0	10
(a) for mother	...	1	0	1
(b) for child	...	9	0	9
No. of times performed last offices		88	7	95
own patient	...	76	3	79
in emergency	...	12	4	16
Number of times in contact with infection	...	23	0	23
Notifications of artificial feeding	...	75	0	75

M. RIDEN,

Inspector of Midwives.

County Nursing Association.

During the year 3 Nursing Associations have been affiliated to the County Nursing Association, viz. :—

- (1) Boyton and St Stephen's. A new Association.
- (2) Veryan. There was an unaffiliated Association, which had lapsed for 3 years.
- (3) Liskeard. There was an unaffiliated Association formerly.

It is difficult to obtain suitable women for training as nurse-midwives. There are about 31 rural parishes without midwives. There are a few towns without midwives, but in them medical practitioners are available in case of emergency. It is desirable to establish nurse-midwives in urban, as well as rural, parishes, but the rural parishes have the first claim, owing to the distance from medical practitioners.

Notification of Births.

The Council's scheme for Maternity and Child Welfare covers the whole County, with the exceptions of the Boroughs of Penzance, Falmouth, and Launceston, which have separate Maternity and Child Welfare Schemes.

The County Council are the Supervising Authority for midwives for the whole County.

During the year 5,128 births were notified by doctors and midwives, and 463 births were notified under our arrangement with the Registrars. As far as possible all the children are visited and kept under observation until the age of 5 years, i.e., school age.

Supply of Milk for Expectant and Nursing Mothers and for Children under 3 years of age.

As the Ministry of Health have limited the expenditure to £1,000 for the year 1922-23, it has been necessary to alter the scale of necessity and to exclude children over 2 years of age. The supply is almost entirely for the families of unemployed miners. About 150 families receive one pint of milk a day.

The evidence available suggests that the milk is properly used by those at present receiving it. Apart from unemployment, it is doubtful whether this expenditure should continue, as it is quite impossible to check the use made of any milk supplied. When the unemployment question is less acute this expenditure should cease, or be reduced to a very small amount.

Midwives.

Of the 6,165 births, 2,175, or 35.2 per cent., were attended by registered midwives acting as midwives, and 1,708, or 27.7 per cent., by midwives acting as maternity nurses under the direction of medical practitioners. When the midwives were acting as midwives they called in medical men in 397 cases, i.e., in 18.2 per cent. of the cases attended by them as midwives. The percentage of births in the County for which medical practitioners were thus called in was 6.4 per cent.

In view of the recent legislation under which the Council must pay for medical practitioners called in by registered midwives, it is interesting to note the tendency to call in medical practitioners more frequently.

YEAR.	1914.	1915	1916.	1917.	1918.	1919.	1920.	1921.
No. of births	...	6,433	5,854	5,675	4,651	4,664	4,889	6,991
No. of births attended by midwives	1,690	1,576	1,754	1,437	1,671	1,741	2,219
Percentage of births attended by midwives	26.2	26.9	30.9	30.9	35.8	36.0	31.7
No. of times medical practitioners were called in by midwives	187	148	270	187	230	231	308
Percentage of midwives' cases in which medical practitioners were called in	11.0	9.2	15.3	13.0	13.7	13.2	13.8
Percentage of births in which medical practitioners were called in	2.9	2.5	4.7	4.0	4.9	4.7	4.4
No. of births attended by midwives as nurse midwives	1,089	1,273	1,266	1,102	1,156	1,412	2,130
Percentage of births attended by midwives as nurse midwives	16.9	21.7	22.3	23.7	24.8	29.0	30.0

It will be necessary to watch this tendency as there may be cases in which a medical practitioner is called in when not necessary.

Puerperal Fever and other Accidents and Deaths of Childbirth.

Six cases of Puerperal Fever were notified, 4 from urban and 2 from rural districts. The notification rate was 0.97 per 1,000 births.

There were 3 deaths from Puerperal Fever, giving a rate of 0.49 per 1,000 births, and 18 deaths from other accidents and diseases of childbirth, giving a rate of 2.93 per 1,000 births, making a total rate from childbirth of 3.42 per 1,000 births.

The following table gives the comparative death rates for Cornwall and England and Wales. It will be noticed that although the deaths from Puerperal Fever are less in Cornwall than in England and Wales, the deaths from other accidents and diseases of childbirth are much higher in Cornwall. This is supposed to be due to a lack of prompt skilled attendance. If the urban and rural districts were always purely urban or rural in character, it would be possible to report exactly as to the relative incidence in urban and rural districts. In fact, however, in Cornwall many urban districts are largely rural in character. It is probable that the cause of the higher incidence in Cornwall is rather a lack of large towns and the facilities for treatment usually provided in such large towns. There are small hospitals in the County, but few of them have a resident Medical Officer, and no special facilities are provided for maternity cases.

Year.	Cornwall.			England and Wales.		
	Puerperal Fever.	Other Accidents and diseases of Childbirth.	Total.	Puerperal Fever.	Other Accidents and diseases of Childbirth.	Total.
1911	1.19	4.19	5.38	1.43	2.44	3.87
1912	0.61	3.65	4.26	1.39	2.59	3.98
1913	0.46	2.95	3.41	1.26	2.70	3.96
1914	0.77	4.04	4.81	1.55	2.62	4.17
1915	1.02	3.76	4.78	1.47	2.71	4.18
1916	1.94	3.52	5.46	1.38	2.74	4.12
1917	0.64	4.30	4.94	1.31	2.58	3.89
1918	0.85	3.00	3.85	1.28	2.51	3.79
1919	0.61	3.91	4.52	1.67	2.70	4.37
1920	1.14	3.58	4.72	1.81	2.52	4.33
1921	0.49	2.93	3.42			

The examination of the urban and rural districts for the years 1911-21 shows that there were the following cases:—

	Puerperal Fever.	Other Accidents and diseases of Childbirth.	Total.
Urban ...	... 31	... 100	... 131
Rural ...	... 27	... 135	... 162

giving a rate per 1,000 births of—

Urban	... 1.08	... 3.51	... 4.59
Rural ...	... 0.74	... 3.70	... 4.44

It will be seen that there is a distinctly higher death-rate from Puerperal Fever in urban districts, and a slightly higher rate from other accidents and diseases of childbirth in rural areas. In England and Wales the death-rate from Puerperal Fever is higher in towns than in the rural areas, while the death-rate from other accidents and diseases of childbirth is usually much less, so that on the whole the total mortality is less in towns. It is presumed that the higher incidence of Puerperal Fever in towns may be due to the more frequent use of the forceps in delivery, and that the small incidence from other diseases is due to the facilities for hospital treatment.

In England and Wales the total mortality from childbirth between the years 1911-14 was 4.0 per 1,000 births, as compared with 4.56 for Cornwall. The rate still keeps higher than in England and Wales (it was 4.7 in 1920 in Cornwall, as compared with 4.33 for England and Wales).

Infant Mortality.

There were 448 deaths of infants under one year of age, an infant mortality rate of 72.97. Last year the rate was 59.50, but that was quite an exceptional year. The following table shows a considerable decrease in the infant mortality, but it must be remembered that in exceptionally hot, dry summers the rate would be much higher than during the last few years:—

Year.	Infant Mortality per 1,000 births.			Birth-rate.
	1892	1911	1912	
1892	134.18	129.7	84.0	27.29
1911	129.7	84.0	92.0	20.39
1912	84.0	92.0	79.43	19.98
1913	92.0	79.43	91.21	19.55
1914	79.43	91.21	80.5	19.51
1915	91.21	80.5	85.6	17.87
1916	80.5	85.6	74.4	17.6
1917	85.6	74.4	79.23	14.7
1918	74.4	79.23	59.5	14.7
1919	79.23	59.5	72.97	15.25
1920	59.5	72.97	...	21.93
1921	72.97	...	...	19.96

It may be noted that the birth-rate has nearly fallen to the pre-war rate, and is likely to fall still lower.

Causes of Death under 1 Year of Age.

Congenital debility and malformation and premature birth	...	...	...	...	...	236
Respiratory diseases	...	...	...	...	...	64
Diarrhoea	...	...	...	...	...	50
Whooping Cough and Measles	...	...	...	...	...	16
Tuberculosis	...	...	...	...	...	12
Others	...	...	...	...	...	70
Total	...	...	...	...	...	448

It is important to note that more than 50 per cent. of the deaths in the first year are due to congenital debility and malformation and premature birth. These deaths usually take place in the first few weeks of life, and account for the fact that although since the beginning of this century a great decrease in the deaths during the last three quarters of the first year has taken place, very little decrease has taken place in the first quarter except during the last few years.

Deaths between the ages of 1 and 5 years.

Respiratory diseases	...	...	...	44
Tuberculosis	...	...	...	19
Measles and Whooping Cough	...	...	...	14
Diphtheria	...	...	...	9
Diarrhœa	...	...	...	8
Others	...	...	...	46
				—
				140

This is very low compared with the mortality of these ages in England and Wales—not much more than half.

Maternity and Child Welfare Centres.

In addition to the home visits of Health Visitors, there are 13 Centres in Cornwall doing useful work. They are all managed by voluntary agencies, and are as follows:—

St. Austell	Madron and Hea Moor
Bodmin	Morval
St. Blazey and Par	Penryn
Calstock	Penzance
Camborne	Truro
Gwennap and St. Day	Wadebridge
Liskeard.	

The whole-time Health Visitors render assistance to these Centres from time to time by means of lectures and talks to the mothers.

Emergency Nurses.

The Council retain the services of 3 Nurses for emergency work. When not employed for the Council they are employed by the County Nursing Association. Although in practice, the services of these Nurses are not often required by the Council, their employment is of great assistance to the County Nursing Association. When they are employed for the Council they are employed in work of great urgency, for instance, a baby suffering from Ophthalmia may require special nursing at once, or the vision may be destroyed. A blind child may mean a charge of about £1,500 to the Council for subsequent education and training, and even then the earning capacity of the blind is relatively small.

ISOLATION HOSPITALS.

There is the following provision in the County : —

District,	Population.	Description.	No. of beds.
Camborne U.	14,780	A private house, built of stone ; was used in an Enteric Fever outbreak, and also for Small-pox. Only one disease can be treated at a time. No administrative or discharging block ; no laundry. 3 wards.	8
Falmouth B.	12,940	A wooden building containing 2 wards with 4 beds each, nurses' room, sitting room, and kitchen, all under one roof. Two diseases concurrently.	8
Newquay U.	4,910	Hospital at Trevenson in St. Columb R.D. A corrugated iron building on brick foundations. Two wards in one block, 4 beds in each. No drainage.	8
Penzance B.	11,700	A wood and iron building at Mount Misey, containing 2 wards with 6 beds in each, with nurses' sitting and bedrooms, and 2 single bedded wards between the larger wards. One disease at a time.	14
Redruth U.	10,030	In Redruth. Converted house.	Few
Stratton & Bude U.	3,125	A wooden hospital, consisting of a kitchen and scullery with 2 nurses' rooms and a store room at one end ; in the middle a ward with 6 to 8 beds, and at the other end an annexe with bath and w.c. Warmed by stoves. Jointly with the R.D. One disease at a time.	6-8
Truro City	10,850	An old stone building, converted, situated in the city. Scarlet Fever and Diphtheria, 2 diseases concurrently. No administrative or discharge blocks or disinfecting apparatus. Additional ward for 10 beds, with bath and lavatory accommodation recently completed.	25
Redruth R.	17,000	Situated at West Tolgus in Illogan parish. The building is a disused stone workshop at an old mine. Wards inter-communicating	14
St. Columb R.	11,360	Wooden bungalow situated at Castle-an-Dinas.	Few
Stratton R.	4,870	See Stratton & Bude U. Hospital used jointly by the two Councils.	—
Truro R.	19,160	A wooden and iron building at St. Agnes. Two diseases can be treated concurrently if nurse's room is used for a ward.	4-8

Sale of Food and Drugs Act, 1875-1907.

A record of the work done in the County is given here, but this work is under the control of the Chief Constable of the County.

Name of Article.	Number of Samples taken.	Genuine.	Adulterated.	Remarks.
Milk	159	145	14	39°, 36°, 28.3°, 20.4°, 16.2°, 15°, 11.2°, 6.8°, 4°, 3.3°, 2.4°, 1.5°, added water; 27.3°, and 20.3°, deficient in fat. Several poor quality.
Scald Milk	10	9	1	9.5 grains of boric acid per pint.
Evaporated Milk	1	1		
Butter	26	26	...	2 contained a boric acid preservative.
Margarine	15	15	...	
Lard	11	11	...	
Cheese	2	2	...	
Tea	6	6	...	
Cocoa	2	2	...	
Sugar	5	5	...	
Rice	7	7	...	
Sweets	1	1	...	
Pepper	10	10	...	
Tapioca	2	2	...	
Sago	1	0	1	100% Tapioca
Flour	3	3	...	
Baking Powder	9	9	...	
"Bisto"	1	1	...	
Sausages	1	0	1	28 grains of boric acid per pound.
Jam	2	2	...	
Chocolate	1	1	...	
Blanc Mange	1	1	...	
Yeast	3	3	...	
Frutella	1	1	...	
Mustard	1	1	...	
Bicarbonate of Soda ...	1	1	...	
Jelly	2	2	...	
Custard Powder	3	3	...	
Dessicated Soup	1	1	...	
Vinegar	13	12	1	At least 95% artificial vinegar.
Total	301	283	18	

**THE PUBLIC HEALTH (MILK & CREAM) REGULATIONS,
1912.**

Report for the Year ended 31st December, 1921.

1. Milk; and Cream not sold as Preserved Cream:—

	(a) Number of Samples examined for the presence of a preservative.	(b) Number in which a preservative was reported to be present.
Milk ...	170	1
Cream ...	Nil.	Nil.

Nature of preservative in each case in column (b) and action taken under the Regulations in regard to it:—

Contained 9.5% of Boric Acid per pint. Fined 5/-, and ordered to pay 10/6, half Analyst's Fee.

2. Cream sold as Preserved Cream:—

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i.) Correct statements made ... Nil.
(ii.) Statements incorrect ... Nil.

(b) Determinations made of milk fat in cream sold as preserved cream.

(i.) Above 35 per cent. Nil.
(ii.) Below 35 per cent. Nil.

(c) Instances where apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed ... Nil.

(d) Particulars of each case in which the Regulations have not been complied with and action taken Nil.

3. Thickening substances. Any evidence of their addition to cream or to preserved cream Nil.

Action taken where found Nil.

4. Other observations, if any Nil.

H. B. PROTHEROE SMITH, Lieut. Colonel,
Chief Constable of Cornwall.

TABLE I.—Total Number of Births and Deaths in each District during the year 1921.

DISTRICT.	POPULATION.	BIRTHS.						DEATHS.								
		Legitimate.		Illegitimate.		Total.	Rate.	Under 1 Year.		Rate per 1,000 births	At all Ages.		Number.			
		1	2	3	4			7	8		10	11				
1	2	M.	F.	M.	F.	5	6	M.	F.	62.50	32	42	74	13.82		
URBAN.																
Bodmin	-	*5,510	42	46	4	4	96	17.42	3	3	6	32	42	74	13.82	
Callington	-	1,629	9	16	..	2	27	16.57	..	..	..	11	17	28	17.19	
Camborne	-	14,780	132	129	11	13	285	19.28	16	14	30	105.26	94	100	194	13.12
Falmouth	-	12,940	122	106	8	10	246	19.01	18	1	19	77.23	87	77	164	12.67
Fowey	-	1,994	15	17	1	..	33	16.55	2	1	3	90.91	11	7	18	9.03
Hayle	-	1,008	7	10	..	..	17	16.86	..	..	..	..	5	10	15	14.88
Helston	-	2,631	26	28	..	4	58	22.04	1	2	3	51.72	18	19	37	14.06
Launceston	-	3,954	25	21	1	1	48	12.14	3	4	7	145.83	25	22	47	11.89
Liskeard	-	4,373	35	40	3	3	81	18.52	1	..	1	12.34	26	30	56	12.80
Looe	-	2,634	18	12	..	1	31	11.77	1	1	2	64.52	15	21	36	13.67
Lostwithiel	-	1,299	17	9	..	..	26	20.01	2	..	2	76.92	13	17	30	23.09
Ludgvan	-	2,081	24	20	..	1	45	21.62	4	2	6	133.33	16	15	31	14.89
Madron	-	3,263	31	22	..	..	53	16.24	1	2	3	56.60	24	25	49	15.02
Newquay	-	4,910	31	25	1	4	61	12.42	1	2	3	49.18	25	20	45	9.25
Padstow	-	1,687	25	12	..	1	38	22.52	..	1	1	26.31	17	15	32	18.97
Paul	-	5,470	56	51	3	2	112	20.47	7	2	9	80.35	42	42	84	15.36
Penryn	-	3,180	38	30	2	2	72	22.64	2	3	5	69.44	18	23	41	12.89
Penzance	-	11,700	100	82	5	9	196	16.75	13	8	21	107.14	77	107	184	15.73
Phillack	-	3,447	34	36	2	..	72	20.88	2	..	2	27.78	21	23	44	12.76
Redruth	-	10,030	107	96	5	5	213	21.23	9	11	20	93.89	81	86	167	16.65
St. Austell	-	3,257	36	24	1	4	65	19.95	2	1	3	46.15	12	25	37	11.36
St. Ives	-	6,550	51	54	3	1	109	16.64	4	8	12	110.09	41	57	98	14.96
St. Just	-	5,080	59	50	2	2	113	22.24	7	5	12	106.19	33	42	75	14.76
Saltash	-	3,630	42	38	3	2	85	23.41	8	2	10	117.64	30	22	52	14.32
Stratton and Bude	-	3,125	18	26	1	1	46	14.72	..	..	..	..	14	20	34	11.20
Torpoint	-	4,467	41	48	1	1	91	20.37	2	2	4	43.95	25	24	49	10.97
Truro City	-	10,850	108	108	11	11	238	21.93	10	8	18	75.63	58	76	134	12.35
Wadebridge	-	2,320	24	12	2	..	38	16.38	1	..	1	26.31	20	18	38	16.38
TOTALS	-	137,799	1273	1168	70	84	2,595	18.83	120	83	203	78.22	891	1,002	1,893	13.76
RURAL.																
Bodmin	-	9,920	95	91	6	4	196	19.76	9	3	12	61.22	76	50	126	12.70
Calstock	-	4,617	54	46	6	2	108	23.39	9	2	11	101.85	31	32	68	13.64
Camelford	-	7,430	75	60	4	1	140	18.84	6	6	12	85.71	42	55	97	13.05
East Kerrier	-	8,070	67	76	5	4	152	18.83	4	2	6	39.47	53	46	99	12.27
Helston	-	16,110	168	158	10	12	348	21.60	19	8	27	77.58	101	119	220	13.65
Holsworthy (part of)		345	3	5	..	1	9	26.08	..	1	1	111.11	2	2	4	11.59
Launceston	-	7,160	77	65	4	1	147	20.53	7	7	14	95.24	49	37	86	12.01
Liskeard	-	14,580	145	128	6	6	285	19.55	9	5	14	49.12	82	99	181	12.41
Redruth	-	17,000	194	163	1	15	373	21.94	18	13	31	83.11	132	145	277	16.29
St. Austell	-	31,000	316	334	25	18	693	22.35	19	20	39	56.27	174	187	361	11.64
St. Columb	-	11,360	104	121	3	3	231	20.33	10	4	14	60.61	52	65	117	10.30
St. Germans	-	*13,880	109	104	3	2	218	15.71	8	7	15	68.81	67	84	151	12.60
Stratton	-	4,870	54	48	2	1	105	21.56	7	4	11	104.76	20	34	54	11.09
Truro	-	19,160	140	168	16	12	336	17.53	11	14	25	74.42	113	145	258	13.46
West Penwith	-	10,310	99	92	6	5	202	19.59	8	5	13	64.36	65	74	139	13.48
TOTALS	-	175,812	1700	1659	97	87	3,543	20.15	144	101	245	69.14	1,059	1,174	2,233	12.84
Whole County	-	313,611	2973	2827	167	171	6,138	19.57	264	184	448	72.97	1,950	2,176	4,126	13.24
Scilly Isles	-	1,714	16	10	..	1	27	15.75	1	1	2	74.07	6	13	19	11.08

Rates calculated per 1,000 of the population.

*The death-rates for Bodmin Urban and St. Germans Rural are calculated on the populations of 5,354 and 11,986 respectively

TABLE II.—Infectious Diseases notified in each district during the Year 1921.

SANITARY DISTRICT	Diphtheria	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Fever	Cerebro-Spinal Fever	Poliomyelitis	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other forms of Tuberculosis	Encephalitis Lethargica	Acute Polio-Encephalitis	Malaria	Dysentery	Pneumonia	Totals
URBAN																
Bodmin	1	1	1	..	..	..	..	..	7	4	..	..	1	..	..	14
Callington	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11
Camborne	26	10	9	1	3	1	..	3	29	18	..	..	..	..	..	105
Falmouth	5	2	1	4	..	1	..	1	11	5	..	..	..	..	..	25
Fowey	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11
Hayle	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
Helston	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
Launceston	1	3	1	..	..	..	..	..	..	..	..	..	..	..	..	12
Liskeard	..	3	8	2	..	..	..	..	..	..	..	..	..	..	..	19
Looe	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
Lostwithiel	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2
Ludgvan	12	..	2	..	..	..	..	..	..	..	..	..	..	..	..	15
Madron	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13
Newquay	..	2	9	1	..	..	..	..	..	..	..	..	..	..	..	23
Padstow	20	1	3	1	1	1	..	..	..	..	..	..	..	..	..	27
Paul	4	..	1	..	4	1	..	..	..	..	..	..	..	..	..	11
Penryn	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	8
Penzance	33	2	2	1	..	..	..	..	..	..	..	..	..	..	..	45
Phillack	14	2	..	..	..	..	..	..	..	..	..	..	..	..	..	20
Redruth	31	5	3	..	..	..	..	..	..	..	..	..	..	..	..	71
St. Austell	2	..	6	..	..	..	..	..	..	..	..	..	..	..	..	10
St. Ives	162	1	24	6	..	..	..	..	..	..	..	..	..	..	..	207
St. Just	3	2	6	..	..	..	..	..	..	..	..	..	..	..	..	20
Saltash	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	25
Stratton & Bude	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
Torpoint	4	1	9	3	..	..	..	..	..	..	..	..	..	..	..	34
Truro City	29	3	8	..	..	..	..	..	..	..	..	..	..	..	..	49
Wadebridge	..	1	16	..	..	..	..	..	..	..	..	..	..	..	..	24
TOTALS	379	38	117	21	4	2	4	13	154	36	2	3	3	1	44	821
RURAL																
Bodmin	2	2	15	2	..	..	..	..	8	1	..	..	1	..	..	32
Calstock	14	2	5	..	..	..	..	..	8	2	..	..	1	..	..	33
Camelford	2	2	..	..	..	..	..	1	1	..	..	..	..	..	..	6
East Kerrier	15	4	1	..	1	..	..	..	1	3	6	..	..	..	..	31
Helston	13	1	6	..	..	..	..	2	3	3	..	..	..	..	..	36
Holsworthy (part of)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Launceston	15	2	2	..	..	1	..	1	2	2	..	..	1	..	..	28
Liskeard	2	..	10	..	..	..	..	5	8	3	..	..	1	..	..	29
Redruth	53	9	3	..	..	..	..	..	198	13	..	..	..	..	..	302
St. Austell	7	1	58	..	..	..	..	1	21	8	..	..	..	..	..	96
St. Columb	14	..	3	..	..	..	..	1	6	..	..	..	..	..	..	24
St. Germans	10	3	11	7	..	..	..	9	17	1	1	..	..	..	..	70
Stratton	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	2
Truro	40	1	4	1	..	..	..	..	10	1	..	..	..	..	..	57
West Penwith	15	..	12	..	..	1	..	..	1	..	..	..	..	..	..	29
TOTALS	202	27	132	10	2	1	20	7	286	40	1	..	4	..	43	775
Whole County	581	65	249	31	6	3	24	20	440	76	3	3	7	1	87	1596

TABLE III.—Causes of Death in each District during the year 1921.

(M = Male, F = Female).

Table IV. Causes of Death at Different Periods of Life in 1921

CAUSES OF DEATH	AGGREGATE OF URBAN DISTRICTS.										AGGREGATE OF RURAL DISTRICTS.									
	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
		M	M	M	M	M	M	M	M	F	F	F	F	F	F	F	F	F	F	F
All Causes	891	120	22	16	35	35	103	218	103	179	1065	145	25	18	29	35	106	235	216	250
1. " Enteric Fever	1002	83	18	9	23	47	104	208	183	327	1187	102	21	11	23	40	98	237	283	372
2. Small Pox	M	2	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
3. Measles	M	5	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4. Scarlet Fever	M	2	2	...	...	...	...	...	...	...	6	3	2	...	1	...	...	...	...	...
5. Whooping Cough	M	1	1	...	...	...	...	...	...	...	5	2	2	1	...	...	...	...	...	...
6. Diphtheria	M	4	2	2	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...
7. Influenza	M	11	...	2	7	...	...	...	...	...	9	...	2	7	...	...	...	...	...	...
8. Encephalitis lethargica	M	6	1	...	...	...	...	...	...	...	3	...	2	1	...	1	...	2	1	3
9. Meningococcal meningitis	M	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
10. Tuberculosis of respiratory system	M	67	...	...	...	10	34	21	2	...	78	...	...	1	...	11	35	27	3	1
11. Other Tuberculous Diseases	M	84	...	...	...	1	26	37	18	2	...	60	...	...	2	20	25	11	2	...
12. Cancer, "malignant" disease	M	29	3	4	4	5	5	3	4	1	19	4	2	2	3	2	2	4	...	...
13. Rheumatic Fever	M	30	3	3	1	5	9	6	3	...	34	2	1	1	6	7	13	3	1	...
14. Diabetes	M	19	...	...	...	...	...	...	...	...	104	...	...	...	...	2	4	38	41	19
15. Cerebral haemorrhage, &c.	M	138	...	...	...	...	12	7	34	33	20	177	...	1	1	1	5	73	59	37
16. Heart disease	M	1	...	...	...	1	...	...	...	...	5	...	...	...	...	1	3	1	...	...
17. Arterio-sclerosis	M	4	...	...	1	1	2	...	...	...	2	...	1	...	1	...	3	7	6	2
18. Bronchitis	M	14	...	...	...	1	2	3	7	1	18	...	...	...	...	...	17	20	25	18
19. Pneumonia (all forms)	M	52	...	...	...	...	...	15	17	20	63	...	...	1	...	5	21	34	36	...
20. Other respiratory diseases	M	74	...	...	...	2	15	20	37	96	...	...	...	...	...	5	21	38	53	37
21. Heart disease	M	90	...	...	1	2	7	24	33	23	139	...	...	2	2	2	7	38	53	37
22. Arterio-sclerosis	F	137	...	...	3	1	9	31	46	47	193	...	...	1	...	4	44	74	70	...
23. Bronchitis	F	25	...	...	...	...	7	9	10	10	30	...	...	...	...	5	7	18	...	...
24. Pneumonia	F	21	...	...	...	...	9	6	6	6	40	...	...	...	...	4	14	19	31	...
25. Other respiratory diseases	M	51	5	2	2	...	1	13	10	18	74	8	1	1	...	14	19	31	...	...
26. Other respiratory diseases	F	56	4	2	2	...	4	8	38	38	66	7	4	2	...	4	17	32	...	...
27. Other respiratory diseases	M	39	12	3	2	4	2	1	8	5	41	10	5	2	2	6	5	5	4	...
28. Other respiratory diseases	F	46	8	6	2	1	2	1	6	8	30	6	7	1	...	1	6	8	8	...
29. Other respiratory diseases	M	21	2	...	...	...	2	9	3	5	26	...	...	1	...	1	8	9	5	2
30. Ulcer of stomach or duodenum	M	17	1	1	1	1	...	7	2	4	20	1	...	1	...	1	7	6	2	...
31. Diarrhoea, &c.	M	31	21	4	...	1	1	...	1	...	6	...	...	1	...	2	1	1	1	...
32. Appendicitis and Typhlitis	F	20	11	1	...	1	1	2	...	4	16	7	1	...	1	3	3	3	1	...
33. Cirrhosis of Liver	M	8	...	...	1	3	1	2	1	...	9	...	1	2	1	1	3	1	...	1
34. Acute and chronic nephritis	M	6	...	...	2	...	2	1	1	...	7	...	1	2	1	2	3	2	2	...
35. Puerperal sepsis	M	1	...	...	...	...	1	...	1	...	4	...	...	...	...	2	2	2	2	...
36. Other accidents and diseases of pregnancy and parturition	F	33	...	...	...	5	13	9	6	...	24	...	1	2	8	11	2	...	...	...
37. Congenital Debility and malformation, premature birth	M	3	...	...	...	3	...	...	...	...	19	...	1	1	4	6	7	...	...	...
38. Suicide	F	6	...	...	1	5	...	...	...	...	12	...	3	9	...	...	...	...	...	...
39. Other deaths from violence	M	58	57	...	1	...	...	...	...	...	89	89	51	51	...	...	...	...	...	...
40. Other defined diseases	F	39	39	...	...	...	6	1	...	...	51	51	...	...	...	...	...	...	...	...
41. Causes ill-defined or unknown	M	190	15	5	3	10	4	16	35	32	70	231	17	8	5	5	5	19	28	37
42. Causes ill-defined or unknown	F	252	11	4	2	4	2	17	34	35	43	204	22	3	2	8	7	22	36	46

